USEPA 290 BROADWAY NY, NY

NOTIFICATION OF DEMOLITION AND RENOVATION PAL JOB # 16-1084

Operator Project #	Postmark	Date Re	Received Not		Notific	Notification #			
TYPE OF NOTIFICATION (O-Original, R-Received, C-Cancelled): R – Postponed									
FACILITY INFORMATION (Identify Owner, Removal Contractor and Other Operator):									
OWNER NAME: 1345 Leasehold LLC									
Address: 299 Park Avenue									
City: New York			State: NY Zip: 10171			10171			
Contact Name: Shaun Jacobson			Telephone: 212-752-5000			0			
REMOVAL CONTRACTOR: PAL Environmental Safety Corp. d/b/a PAL Environmental Services									
Address: 11-02 Queens Plaza South									
City: Long Island City			State: NY			Zip: 11101			
Contact Name: Aric Domozick			Telep	Telephone: 718-349-0900					
OTHER CONTRACTOR:									
Address:									
City: State:						Zip:			
Contact Name:		Telephone:							
TYPE OF OPERATION (D-Demo, O-Ordered Demo, R-Renovation, E-Emergency Renovation: R									
IS ASBESTOS PRESENT? (YES NO) YES									
FACILITY DESCRIPTION (Include Building Name, Number and Floor or Room Number)									
Building Name: Ziegfeld Theater									
Address: 141 West 54 th Street									
City: New York			State: NY			Zip: 10019			
Site Location: 3 rd Floor									
Building Size: 1,900,241 SF			# of Floors: 2			Age in Years: 48			
Present Use: Commercial		Prior Use: Commercial							
Procedure, Including Analytical Method, If Appropriate, Used to Detect the Presence of Asbestos Material: PLM — Polarized Light Microscopy									
Approximate amount of asbes Including	tos , R. ACM to be	1	Non-Friable Asbestos Material		Indicate Unit of Measurement Below				
 Regulated ACM to be rem Category I ACM not remo Category II ACM not remo 	oved remove ved	d	not to be removed		- 10				
			CAT I CAT II		UNIT				
				I	inear Feet	t:	Ln M:		
Surface Area: VAT & Mastic	250			9	Square Fee	et: X	Square Meter:		
Volume RACM off Facility Component					CuFt:		Cu M:		
Scheduled Dates Asbestos Removal (mm/dd./yy)			Start: Postponed		Complete: 06/01/2017				
Scheduled Dates Demo/Renovation (mm/dd./yy)			Start:		Complete:				

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DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION	I WORK, AND METHOD (S) TO	BE USED:					
DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT							
THE DEMOLITION AND RENOVATION SITE:							
HEPA Vacs, Micro Traps (Negative Air Pressure) and amended water will be utilized for emissions control.							
WASTE TRANSPORTER #1							
Name: ATC							
Address: 2 Moriches Middle Island Road							
City: Shirley	State: NY	Zip: 44688					
Contact Name: Kenny Smith	Telephone: 631-924-5050						
WASTE TRANSPORTER #2							
Name: Tri State Transfer Associates							
Address: 1199 Randall Avenue							
City: Long Island City	State: NY	Zip: 10474					
Contact Name: Jimmy Byrne		Telephone: 718-617-0771					
WASTE TRANSPORTER #3							
Name: P.A.L. Environmental Safety Corp. d/b/a PAL Environmental Services							
Location: 11-02 Queens Plaza South							
City: Long Island City	City: Long Island City	City: Long Island City					
Telephone: 718-349-0900							
Disposal Facility							
Name: Minerva Enterprises							
Location: 9000 Minerva Road, SE	Location: 9000 Miner	va Road, SE					
	State: OH Zip: 44688						
FOR EMERGENCY RENOVATIONS							
Date and Hour of Emergency (mm/dd./yy)							
Description of the Sudden, Unexpected Event:							
Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden:							
DESCRIPTION OF PROCEDURE TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY							
NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED OR REDUCED TO POWDER. Any ACM, which is discovered							
unexpectedly, or non-friable ACM, which becomes crumbled, will be immediately wet with amended water and cleaned up with HEPA Vacs.							
to be put in 6 mil poly bags for proper disposal.							
I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGUALTION (40 CFT PART 61, SUBPART M), WILL BE ON-							
SITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS							
PERSON WILL BE AVAILABLE FOR INSPECTION DURING NO	RMAL BUSINESS HOURS (requ	iired 1 year after promulgation)					
///							
	28/2016						
	Date						
I certify that the above information is correct							
06/28/2016							
	28/2016 Date						
orginatare of difficily operator	Date						